



Revised on 7May2018

## WRHA Critical Care Information Management & Research

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### Critical Care Database Information Request Form

Please complete all sections.

Date of Request: \_\_\_\_\_ Date Information required by: \_\_\_\_\_  
 (Allow at least 2 weeks for completion of request)  
 Submitted by: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Who is the request for? \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
 (if different from above)  
 List all others who will have access to this data: \_\_\_\_\_

#### Intended use of data :

Check the item and elaborate further in the space below.

- ☐ Research Project - Please attached the followir  
 1. Copy of Research Ethics Boards' Approval Form  
 2. Copy of Research Proposal/Protocol Summary  
☐ Teaching ☐ Resource Utilization  
☐ Audit/Evaluation/Review ☐ Others - Please specify.

#### Specific Data Requested?

Time Period: Start \_\_\_\_\_ End \_\_\_\_\_  
 (mm/dd/yyyy) (mm/dd/yyyy)  
 Hospital & Unit: ☐ ALL Below  
 HSC: ☐ MICU ☐ SICU ☐ CCU ☐ IICU  
 STB: ☐ ICMS ☐ ICCS ☐ CCU ☐ ACCU  
☐ CON ☐ GRA ☐ OAK  
 Type of Report: ☐ Combined Report ☐ Individual Reports  
 Summary statistics required? ☐ YES ☐ NO  
 (Include N , Mean, Standard Deviation, Sum, Minimum, Maximum)

Further Data Details (please indicate below and back).

Patient chart log required ( Includes Initials, Chart, DOB, Admit & Discharge Date, Hospital, Unit ) ? ☐ YES ☐ NO

How would you like this information sent to you?

→ Mail ☐ Your address: \_\_\_\_\_  
 → Pick up ☐  
 → Fax\* ☐ Your Fax # \_\_\_\_\_  
 → Email\* ☐ Your Hospital Email Address: \_\_\_\_\_  
 \*For summary statistics request only

Have been asked before to give feedbacks on the data?

☐ YES ☐ NO

Do not fill-up the area below this line.

**APPROVED** **Fee Applicable** **Amount**  
 YES ☐ NO ☐ YES ☐ NO ☐ \$ \_\_\_\_\_

Authorization Signature

Critical Care Info Mgt & Research

CC Database Info Request No. \_\_\_\_\_